

Payment Protection Insurance Policy

Your Policy

April 2019 edition



Contents

	Section	Page
Introduction	1	4
Eligibility	2	5
Meaning of Words	3	5
Life Cover Benefit	4	9
Critical Illness Benefit	5	10
Disability Benefit	6	11
Hospitalisation Benefit	7	12
Unemployment Benefit	8	13
When Cover Ends	9	15
Making a Claim	10	16
General	11	18
Caring for our customers	12	19
General Information	13	20

Section 1 Introduction

This insurance is arranged by Bank of Ireland (UK) plc and underwritten by UK General Insurance Limited on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

Bank of Ireland (UK) plc is authorised and regulated by the Financial Conduct Authority.

UK General Insurance Limited is authorised and regulated by the Financial Conduct Authority. Firm Reference No. 310101. **You** can check **our** details on the Financial Services Register <https://register.fca.org.uk/>.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Firm Reference No. 769884. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

Some words in the Policy have special meanings which are explained in Section 3, under the heading 'Meaning of Words'. Wherever these words are shown in **bold type** they have these special meanings, otherwise, they have their ordinary, everyday meanings. Please note also that **we** or **us** or **our** refers to the Insurers who are UK General Limited on behalf of Great Lakes Insurance SE. **You** or **your** refers to the person named in the **agreement** as the **primary card holder**.

The Policy shows details of the benefits provided for **you** if **you** die, suffer a **critical illness**, become **disabled**, require **hospitalisation**, are made **redundant** (if **employed**) or suffer **business failure** (if **self-employed**). Sections 4-8 explain the benefits of the Policy, together with circumstances when **you** cannot claim and **we** have listed certain general information about **your** Policy in Section 11.

Please ensure that **you** have read and fully understand this document and retain it in a safe place for future reference.

IMPORTANT

Provided **you** meet the requirements set out in Section 2 **you** will be eligible for cover on the **starting date**. There are, however, circumstances set out in Sections 4-7 that may mean that **you** will be unable to claim benefit for health conditions of which **you** are aware on the **starting date**. For **unemployment** **you** will not be covered for any **unemployment** that **you** knew about at the **starting date** or which occurs within 60 days of the **starting date** as detailed in Section 8. Please read Sections 4-8 of the Policy carefully as it may affect **your** decision as to whether the Policy is suitable for **you**. If this Policy does not meet **your** requirements **you** have 30 days from the **starting date** or receipt of the Policy documents if these are received after the **starting date** to cancel without charge, providing no claim has been made or is likely to be made. Please note that all cover ends when **you** reach the age of 65.

Section 2 Eligibility

You are eligible to take out Payment Protection Insurance if on the **starting date you** agree to pay the premium and:

- **you** are aged between 18 and 65;
- **you** are the **primary Card holder** named in the **agreement**;
- **you** are currently in **employment** or **self-employment** and have been so continuously for at least the last 6 months; and
- **you** are a **UK resident**.

Section 3 Meaning of Words

Agreement

Your Post Office[®] credit card agreement with **Bank of Ireland UK**.

Backache

Any muscle-skeletal disorders arising from abnormalities of the whole vertebral column (including the cervical spine), discs, muscles attached to the spine and those due to nerve root irritation.

Bank of Ireland UK

Bank of Ireland (UK) plc, a company incorporated in England and Wales under Company No. 7022885 whose registered office is at Bow Bells House, 1 Bread Street, London EC4M 9BE.

Business failure

The business in which **you** were **self-employed**, ceasing totally and permanently as a direct result of an inability to pay its debts when they were due. **You** must have provided accounts to cessation and **your** last tax return must have been placed with **your** local tax office.

Cancer – *excluding less advanced cases*

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having borderline malignancy; or
 - having low malignant potential;
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Carer

You being required to care for a member of **your** immediate family and being in receipt of a carer's allowance from the Department for Work and Pensions.

Chronic condition

Any condition, injury, illness, disease, sickness or related condition that has at least one of the following characteristics:

- Continues indefinitely; or
- Is constant and controlled rather than cured; or
- Has symptoms that recur and have required consultation, treatment, advice or care in the past; or
- Requires long term monitoring, treatment, consultation, check ups, examination or tests.

Coronary artery by-pass grafts – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Critical illness

Cancer, coronary artery by-pass surgery, heart attack, kidney failure, major organ transplant, or stroke diagnosed by a **doctor**.

Disabled/disability

Sickness, disease, or accidental bodily injury occurring during a period when **you** are in **employment** or **self-employment** and which wholly and independently of any other cause stops **you** doing **your** job or any similar work that **your** experience, education or training may reasonably qualify **you** to do. If **you** are **self-employed**, a condition will only be acceptable as disability if it stops **you** from assisting, managing and/or carrying out any part of the running of **your** business whatsoever.

Such disability shall be deemed to start on the day **you** first consult or receive treatment from and are certified as unfit to work by a **doctor**. **You** must be under the care and attention of a **doctor** throughout **your** disability.

Doctor

A qualified medical practitioner registered with the General Medical Council but not **you** or anyone related to **you**, or anyone residing with **you**.

Employed/employment

Working for a salary under a permanent contract of employment in the United Kingdom, Channel Islands or Isle of Man which has no expressed or implied termination date other than retirement, or a **regular fixed-term contract** and paying class 1 National Insurance Contributions.

End date

The date **your** Policy ends as explained in section 9 – When Cover Ends.

Heart attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

Typical clinical symptoms (for example, characteristic chest pain).

New characteristic electrocardiographic changes.

The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;

- Troponin T > 1.0 ng/ml

- AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

Hospitalisation/hospitalised

You have been sent either by medical staff or instructed by a **doctor** to seek professional medical and surgical treatment within a Hospital which provides 24hr nursing care, necessitating a stay as an in-patient for 7 consecutive days or more. The word Hospital does not include a clinic, nursing home or convalescent care facility.

Kidney failure – requiring dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis or renal transplant is necessary.

Major organ transplant

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official UK waiting list for such a procedure.

For the above definition, the following is not covered:

Transplant of any other organs, parts of organs, tissues or cells.

Monthly payment(s)

10% of the **outstanding balance**.

National Insurance Credits

The credits added to **your** National Insurance record when **you** sign on at an office of the Department for Work and Pensions.

Normal pregnancy/childbirth related conditions

Symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which are generally of a minor and/or temporary nature not representing an unusual or significant hazard to mother or baby.

Outstanding balance

Your total indebtedness under **your agreement** at the date of **your** death or diagnosis of **your critical illness** or **your** indebtedness at the date of the last **statement** before the commencement of **your disability, unemployment or hospitalisation**, as the case may be, but excluding any arrears.

Primary card holder

The person named in the **agreement** as the main card holder.

Redundant/redundancy

Being entirely without **employment** as a direct result of **your employment** being terminated due solely to **your** employer ceasing or reducing the activities for which **you** were engaged at the place where **you** worked.

Regular fixed-term contract

1. A contract of at least 12 months duration with the same employer that has been renewed at least once; or
2. A contract or consecutive contracts with the same employer for a continuous period of at least 24 months; or
3. A fixed-term contract to which **you** were transferred from a permanent contract of employment with the same employer with no break between contracts.

Self-employed/self-employment

Working for a profit, either alone or in association with others, paying Class 2 National Insurance contributions and being assessable under Schedule D as defined by the Income and Corporation Taxes Act 1988.

Starting date

The date of the first transaction on **your** card.

Statement

The statement provided by **Bank of Ireland UK** each month advising **your outstanding balance** under **your agreement**.

Stroke – resulting in permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

UK resident

A person who lives lawfully in the United Kingdom for at least 40 weeks in the last 52 week period throughout the period of cover of the Policy.

Unemployed/unemployment

You being without work due directly to **your redundancy**, or **business failure**. **You** must be registered with the Department for Work and Pensions and in receipt of **National Insurance Credits** and be available for and actively seeking **employment** or **self-employment**.

We/us/our

UK General Insurance Ltd on behalf of Great Lakes Insurance SE.

You/your

The person named in the **agreement** as the **primary card holder**.

Section 4 Life Cover Benefit

You will only be covered by this section if **you** have selected Payment Protection Insurance and have paid the appropriate premium.

What is Covered	What is Not Covered
<p>1. If you die after the starting date and before the end date we, subject to the Policy terms, will pay the outstanding balance to Bank of Ireland UK for the purpose of crediting your Post Office[®] credit card account on your behalf.</p>	<p>1. We will not pay any life benefits if your death results directly or indirectly from:</p> <ul style="list-style-type: none"> ▪ any medical condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not which you: <ul style="list-style-type: none"> a) knew about or should reasonably have known about at the starting date; or b) have seen or arranged to see a doctor about during the 12 months immediately preceding the starting date; and which reoccurs within 24 months after the starting date; ▪ a chronic condition that you knew about or should reasonably have known about at the starting date whether requiring medical attention at that time or not and which, in the opinion of our Chief Medical Officer, is the main contributory cause of death; ▪ the taking of alcohol or drugs, unless under the specific direction of a doctor and not for the treatment of drug addiction; ▪ treatment or surgery which is not medically necessary to sustain or maintain your quality of life and which is undertaken solely at your request. ▪ any criminal or fraudulent acts in which you are involved; ▪ any direct or indirect consequence of war, civil war, invasion. Acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority; ▪ any direct or indirect consequence of: <ul style="list-style-type: none"> - irradiation, or contamination by nuclear material; or - the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or - any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter; ▪ any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation. <p>2. We will not pay any life benefits if you are aged 65 or over at the date of your death.</p>

Section 5 Critical Illness Benefit

You will only be covered by this section if **you** have selected Payment Protection Insurance and have paid the appropriate premium.

What is Covered	What is Not Covered
<p>1. If you suffer critical illness diagnosed more than 90 days after the starting date and before the end date, subject to the Policy terms, and you survive for a period of not less than 30 days from the date of the diagnosis of your critical illness, we will pay the outstanding balance to Bank of Ireland UK for the purpose of crediting your Post Office[®] credit card account on your behalf.</p> <p>2. Only one critical illness benefit will be paid to Bank of Ireland UK on your behalf during the term of this Policy.</p>	<p>1. We will not pay any critical illness benefits if your critical illness results directly or indirectly from:</p> <ul style="list-style-type: none"> ▪ any medical condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not which you: <ul style="list-style-type: none"> a) knew about or should reasonably have known about at the starting date; or b) have seen or arranged to see a doctor about during the 12 months immediately preceding the starting date; and which reoccurs within 24 months after the starting date; ▪ a chronic condition that you knew about or should reasonably have known about at the starting date whether requiring medical attention at that time or not; ▪ deliberately self inflicted injury or illness; ▪ the taking of alcohol or drugs, unless under the specific direction of a doctor and not for the treatment of drug addiction; ▪ any criminal or fraudulent acts in which you are involved; ▪ any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority; ▪ any direct or indirect consequence of: <ul style="list-style-type: none"> - irradiation, or contamination by nuclear material; or - the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or - any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter; ▪ Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation. <p>2. We will not pay any critical illness benefits if:</p> <ul style="list-style-type: none"> ▪ you are aged 65 or over at the date of diagnosis of your critical illness; ▪ your critical illness is diagnosed within 90 days of the starting date.

Section 6 Disability Benefit

You will only be covered by this section if **you** have selected Payment Protection Insurance and have paid the appropriate premium.

What is Covered	What is Not Covered
<p>1. If you are disabled after the starting date and before the end date for at least 30 consecutive days, subject to the Policy terms, we will pay a monthly payment to Bank of Ireland UK for the purpose of crediting your Post Office® credit card account on your behalf. We will also pay a monthly payment for each full month after that, during which you are continuously disabled, until the first of the following occur:</p> <ul style="list-style-type: none"> ▪ you are no longer disabled or fail to provide proof to us of your disability; ▪ we have made 12 monthly payments for any one event of disability; ▪ the date the outstanding balance as at the date of your disability has been paid; ▪ the end date. <p>2. If we have paid an amount equivalent to 12 monthly payments for any one disability claim, you must have returned to work for at least:</p> <ul style="list-style-type: none"> ▪ six months before you will be entitled to claim again for the same disability or hospitalisation resulting from the same disability; or ▪ one month before you can claim again for a different unrelated disability or hospitalisation resulting from a different unrelated disability; or ▪ one month before you are able to claim under Section 8 – Unemployment Benefit. <p>3. If we have paid less than an amount equivalent to 12 monthly payments for any one disability claim, you must have returned to work for at least one month before you can claim again for a different unrelated disability or for hospitalisation resulting from a different unrelated disability.</p> <p>4. If you claim for disability again within 6 months of ceasing to be entitled to benefit under a previous disability claim the two events will be treated as one claim and that claim will be subject to a maximum number of 12 monthly payments.</p> <p>5. If you become unemployed or hospitalised during a disability claim you must notify us immediately. If your disability claim ends before the end date (but your unemployment or hospitalisation continues) and we have paid less than 12 monthly payments for your disability claim, we may, at our discretion, consider the further payment of monthly payments for your unemployment or hospitalisation, with no break in payments, subject to us making no more than 12 monthly payments in total from the date when you became disabled.</p>	<p>1. We will not pay any disability benefits if your disability results directly or indirectly from:</p> <ul style="list-style-type: none"> ▪ any emotional or psychiatric condition, unless it is due to organic mental disease or psychosis; ▪ post viral debility, chronic fatigue syndrome and myalgic encephalomyelitis (ME); ▪ backache, unless there is radiological evidence of medical abnormality resulting in disability; ▪ normal pregnancy/childbirth related conditions (Special Note: when a claim is made by you for a pregnancy or childbirth related condition, we may refer to a doctor or Consultant who specialises in obstetrics for an opinion of whether the condition is a normal pregnancy/childbirth related condition. We will consider this opinion to be final); ▪ deliberately self-inflicted injury or illness; ▪ any medical condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not which you: <ul style="list-style-type: none"> a) knew about or should reasonably have known about at the starting date; or b) have seen or arranged to see a doctor about during the 12 months immediately preceding the starting date; and which re-occurs within 24 months after the starting date; ▪ a chronic condition that you knew about or should reasonably have known about at the starting date whether requiring medical attention at that time or not; ▪ the taking of alcohol or drugs, unless under the specific direction of a doctor and not for the treatment of drug addiction; ▪ treatment or surgery which is not medically necessary to sustain or maintain your quality of life and which is undertaken solely at your request; ▪ any criminal or fraudulent acts in which you are involved; ▪ any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority; ▪ any direct or indirect consequence of: <ul style="list-style-type: none"> - irradiation, or contamination by nuclear material; or - the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or

What is Covered	What is Not Covered
	<ul style="list-style-type: none"> - any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter; ▪ Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation. <p>2. We will not pay any disability benefits if you are aged 65 or over (or have permanently retired if before then) at the date of your disability.</p>

Section 7 Hospitalisation Benefit

You will only be covered by this section if **you** have selected Payment Protection Insurance and have paid the appropriate premium.

What is Covered	What is Not Covered
<p>1. If you are hospitalised after the starting date and before the end date for at least 7 consecutive days, subject to the Policy terms, we will pay a monthly payment to Bank of Ireland UK for the purpose of crediting your Post Office® credit card account on your behalf. Should you be able to leave hospital prior to the end of the 30th day and you are still disabled, benefit will continue to be paid as if under Section 6 – Disability Benefit. Benefit will be paid monthly in arrears until the first of the following occur:</p> <ul style="list-style-type: none"> ▪ you are no longer hospitalised or disabled; ▪ we have made 12 monthly payments for any one event of hospitalisation; ▪ the date the outstanding balance as at the date of your hospitalisation has been paid; ▪ the end date. <p>2. If we have paid an amount equivalent to 12 monthly payments for any one hospitalisation claim, you must have returned to work for at least:</p> <ul style="list-style-type: none"> ▪ six months before you will be entitled to claim again for hospitalisation or disability resulting from the same cause; or ▪ one month before you can claim again for hospitalisation or disability resulting from a different unrelated cause; or ▪ one month before you are able to claim under Section 8 – Unemployment Benefit. <p>3. If we have paid less than an amount equivalent to 12 monthly payments for any one hospitalisation claim, you must have returned to work for at least one month before you can claim again for a different unrelated disability or for hospitalisation resulting from a different unrelated disability.</p>	<p>1. We will not pay any hospitalisation benefits if your hospitalisation results directly or indirectly from:</p> <ul style="list-style-type: none"> ▪ any medical condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not which you: <ul style="list-style-type: none"> a) knew about or should reasonably have known about at the starting date; or b) have seen or arranged to see a doctor about during the 12 months immediately preceding the starting date; and which re-occurs within 24 months after the starting date; ▪ a chronic condition that you knew about or should reasonably have known about at the starting date whether requiring medical attention at that time or not; ▪ any deliberately self inflicted injury or illness; ▪ the taking of alcohol or drugs, unless under the specific direction of a doctor and not for the treatment of drug addiction; ▪ treatment or surgery which is not medically necessary to sustain or maintain your quality of life and which is undertaken solely at your request; ▪ any criminal or fraudulent acts in which you are involved; ▪ any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority; ▪ any direct or indirect consequence of: <ul style="list-style-type: none"> - irradiation, or contamination by nuclear material; or - the radioactive, toxic, explosive or other

What is Covered	What is Not Covered
<p>4. If you are hospitalised again as a result of the same cause within 6 months of a return to work, the two events will be treated as one claim and that claim will be subject to a maximum number of 12 monthly payments.</p> <p>5. If you become unemployed during a hospitalisation claim you must notify us immediately. If your hospitalisation claim ends before the end date (but your unemployment continues) and we have paid less than 12 monthly payments for your hospitalisation claim, we may, at our discretion, consider the further payment of monthly payments for your unemployment, with no break in payments, subject to us making no more than 12 monthly payments in total from the date when you became hospitalised.</p>	<p>hazardous or contaminating properties of any radioactive matter; or</p> <ul style="list-style-type: none"> - any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter; ▪ Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation. <p>2. We will not pay any hospitalisation benefits if:</p> <ul style="list-style-type: none"> ▪ at the starting date you knew you were to become hospitalised, or you had reason to believe that it was likely to happen; ▪ you are aged 65 or over (or have permanently retired if before then) at the date of your hospitalisation.

Section 8 Unemployment Benefit

You will only be covered by this section if **you** have selected Payment Protection Insurance and have paid the appropriate premium.

What is Covered	What is Not Covered
<p>1. If you are unemployed due to redundancy (if employed) or business failure (if self-employed) after the starting date and before the end date for at least 30 consecutive days, subject to the Policy terms, we will pay a monthly payment to Bank of Ireland UK for the purpose of crediting your Post Office[®] credit card account on your behalf. We will also pay a monthly payment for each full month after that, during which you are continuously unemployed, until the first of the following occur:</p> <ul style="list-style-type: none"> ▪ you are no longer unemployed; ▪ we have made 12 monthly payments for any one event of unemployment; ▪ the date the outstanding balance as at the date of your unemployment has been paid; ▪ the end date. <p>2. If there are less than six consecutive months of employment or other work between two periods of unemployment, we will treat these two periods as one continuous claim. We will not pay any benefit for the time you were in employment or other work between the two periods of unemployment, and in total we will pay a maximum amount equivalent to twelve monthly payments.</p>	<p>1. We will not pay benefits for unemployment:</p> <ul style="list-style-type: none"> ▪ if you are aged 65 or over (or have permanently retired if before then) at the date that you became unemployed; ▪ unless your unemployment is preceded by 6 months continuous employment or self-employment; ▪ if it starts within 60 days of the starting date; ▪ if at the starting date you knew you were to become unemployed, or you had reason to believe that it was likely to happen; ▪ if it is a regular or seasonal event that occurs in your line of work; ▪ if it is brought about by the expiry of a fixed-term contract, or is for any period beyond the natural expiry date of a fixed-term contract, other than where you have been employed on a regular fixed-term contract and either: <ul style="list-style-type: none"> a) there has been no break in service between the date upon which each fixed-term contract has ended and the succeeding contract has commenced; or b) the only breaks in your service are usual to the business in which you are employed and you have produced evidence satisfactory to us of the usual nature of these breaks.

What is Covered	What is Not Covered
<p>3. Where an amount equivalent to twelve monthly payments has been paid for any one claim you must have returned to work for at least:</p> <ul style="list-style-type: none"> ▪ six months before you are able to claim again for unemployment; or ▪ one month before you are able to claim under Section 6 – Disability Benefit or Section 7 – Hospitalisation Benefit. <p>4. If during payment of an unemployment claim you are not able to actively seek and/or be available for work only because of a disability or hospitalisation which had you been at work would have stopped you doing any work that your experience, education or training may reasonably qualify you to do, we may, at our discretion, continue to pay monthly payments subject to our not being required to pay more than 12 monthly payments from the date the unemployment commenced.</p>	<p>2. In the case of unemployment following the non-renewal of a fixed-term contract of the kind described in paragraph (b), redundancy will be deemed to have commenced upon the date which your contract would customarily have been renewed, subject to you producing evidence satisfactory to us that you took all steps to notify your employer of your availability for further renewal of the fixed-term contract. Any claim for unemployment following the termination of a fixed-term contract before its natural expiry date will be restricted to the natural expiry date of the fixed-term contract from which you were made unemployed or, the date when 12 monthly payments have been made, whichever is the earliest date, unless you have been employed on a regular fixed-term contract, where cover will not be limited to the natural expiry date but to the date when 12 monthly payments have been made;</p> <ul style="list-style-type: none"> ▪ if it is in any way voluntary. This exclusion will not apply if: <ul style="list-style-type: none"> a) your unemployment is solely and directly as a result of you becoming a carer but subject to you not being aware at the starting date that you becoming a carer was likely to happen; or b) your voluntary redundancy is claimed under section 147 of the 1996 Employment Rights Act due to short time working; ▪ if it is a result of your own misconduct; ▪ if you do not make a genuine and continuing effort to get work; ▪ for any period for which you have received any payment in lieu of notice, or for any period after you have stopped working and before the effective date of redundancy given by your employer; ▪ if before your redundancy you were employed by: <ul style="list-style-type: none"> a) a company of which you or your husband, wife, partner, parent, child, brother or sister, was a Director and/or shareholder (other than by way of bona fide investment in a company quoted on a recognised stock exchange) unless that company ceases totally and permanently to trade as a direct result of an inability to pay its debts as they were due, as a direct consequence of which, and immediately after which, you suffer redundancy; or b) someone who is self-employed or by a partnership where the person who is self-employed, or any of the partners of the partnership, is your husband, wife, partner, parent, child, brother or sister unless that person or partnership ceases totally and permanently to trade as a direct result of an inability to pay its debts as they were due, as a direct consequence of which, and immediately after which, you suffer redundancy;

What is Covered	What is Not Covered
	<ul style="list-style-type: none"> ▪ if your unemployment results directly or indirectly from a strike, labour dispute or lockout; ▪ if you refuse any offer of reasonable alternative employment by your employer, which by reason of your qualifications and previous experience and the location of this employment it would have been reasonable for you to accept; ▪ if you are working outside of the UK, unless you are: <ul style="list-style-type: none"> a) working for the British Armed Forces or as a civil servant in a British embassy or consulate; or b) working for an employer that is a UK registered company who assigns you to work in the European Union on the same terms and conditions. <p>3. We will not pay benefits if your unemployment results directly or indirectly from:</p> <ul style="list-style-type: none"> ▪ any criminal or fraudulent acts in which you are involved; ▪ any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority; ▪ any direct or indirect consequence of: <ul style="list-style-type: none"> - irradiation, or contamination by nuclear material; or - the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or - any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter; ▪ Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation.

Section 9 When Cover Ends

Your Policy covers **you** from the **starting date** and ends on the earliest of the following:

- the date of **your** death;
- in the event that **you** are diagnosed with **critical illness**, cover will continue up until the date of **your** death or until cover otherwise ends as explained in this Section and Section 11 – General Conditions (whichever occurs first);
- the date when **you** become 65 years of age for life and **critical illness** benefits;
- the date when **you** become 65 years of age, or when **you** permanently retire, if before then, for, **disability, hospitalisation** and **unemployment** benefits;
- the date **you** default in satisfying any obligation under the **agreement**;
- the date on which **you** fail to pay any monthly payment when it is due;
- the date on which **your agreement** is terminated;
- the date of termination of cover under this Policy by either **us** or **you**.

Section 10 Making a Claim

You must comply with the following conditions to have the full protection of **your** Policy. If **you** do not comply with them, **we** may at **our** option cancel the Policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

MAKING A CLAIM

If **you** need to make a claim **you** should contact the claims administrator - Niche Claims, PO Box 1392, Preston, PR2 0XE. Telephone: **0344 412 4068**.

They have been chosen because they are specialists in this type of insurance with many years of experience. Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

When contacting the claims administrator with a new notification it would be helpful if **you** could have the following information to hand:

UNEMPLOYMENT CLAIMS

- Post Office[®] credit card number
- Date **you** last worked
- National Insurance Number
- Name, address and telephone number of **your** employer or accountant (if **you** are **self-employed**)
- Name, address and telephone number of **your** benefit office
- **Your** employment history from 6 months before the **starting date**

DISABILITY, CRITICAL ILLNESS, HOSPITALISATION AND LIFE CLAIMS

- Post Office[®] credit card number
- Date **you** last worked
- National Insurance Number
- Name, address and telephone number of **your doctor**
- Name, address and telephone number of any consultant or hospital to which **you** have been referred
- Name, address and telephone number of **your** employer or accountant (If you are **self-employed**)
- **Your** employment history from 6 months before the **starting date**

The claims process will be fully explained to **you** when **you** call **us**. **You** must continue to pay **your** normal monthly card re-payments and payment protection insurance premiums during the period of **your** claim.

Please note that **we** must receive notification together with any other relevant information **we** may reasonably require within 90 days of the date of the event giving rise to the claim. If **you** do not notify **us** or supply **us** with the relevant information within 90 days and this prejudices **our** ability to verify the claim then, other than in exceptional circumstances, no benefits will be paid for the claim.

IN ADDITION:

- **You** must provide any information, evidence or medical certificates **we** may reasonably need to deal with **your** claim at **your** expense. Other than in exceptional circumstances no benefits shall be payable for any period for which the required substantiating proof is not provided.
- **We** may require **you** at **our** expense, to be examined by a medical examiner of **our** choice. If **you** fail to go to this examination this could put **your** claim payment in jeopardy.
- In the event of **your** death, **your** representative will be required to provide proof of age and death. **We** may need further information and access to **your** medical records and where consent has not already been sought from **you**, **we** may have to get the consent of **your** next of kin to do this.

- If **you** are claiming for **unemployment** **we** shall be entitled to make enquiry of **your** immediate past employer or otherwise as deemed necessary. **You** must ensure that **you** register with the appropriate government agency immediately **you** are entitled to do so and where requested provide suitable evidence to **us** that **you** are actively seeking work.
- To assist **us** in proving **your unemployment** following **business failure** **you** must be able to supply **us** with trading accounts for the period immediately before **you** became **unemployed**.
- As part of **our** commitment to customer care **we** may arrange for support agents to visit **you**. The purpose of this visit will be to gather details about **your** claim in order to ensure an accurate assessment. It is essential that **you** make yourself available for this visit. If **you** fail to do so, it could put **your** claim payment in jeopardy.
- **We** may ask **you** to complete a Continuation Claim Form for any further months of **disability, unemployment** or **hospitalisation** and these forms must be sent back completed within 60 days of the date **we** last paid **you** benefit. If such Continuation Claim Forms are not received within 60 days then, other than in exceptional circumstances, no further benefits will be paid for the claim.
- If during the period of a claim, **you** take temporary work, **you** will not receive any payments of benefit under this Policy for the time **you** are working. If the period of temporary work lasts less than 6 consecutive months, the periods of **unemployment** before and after the temporary work will be treated as one continuous claim and **monthly payments** will continue until **we** have paid an amount equal to 12 **monthly payments**.
- If **your unemployment** claim is as a result of voluntary redundancy claimed under section 147 of the 1996 Employment Rights Act, **you** will be required to produce documents to confirm that **your redundancy** is within the terms of this Act.
- If during an **unemployment** claim **you** decide to seek work in another member state of the EU, **we** will continue to handle **your** claim for up to 3 months provided **you** have made arrangements with the Employment Service to register as **unemployed** in the country **you** are going to and provide **us** with a copy of your E303/3 form and evidence of continued **unemployment**.
- **You** must not act in a fraudulent way. If **you** or anyone acting for **you**:
 - Make a claim under the Policy knowing the claim to be false or fraudulently exaggerated in any respect; or
 - Make a statement in support of a claim knowing the statement to be false in any respect; or
 - Submit a document in support of a claim knowing the document to be forged or false in any respect; or
 - Make a claim for any loss or damage caused by **your** wilful act or with **your** connivance;
 Then **we**:
 - Shall not pay the claim
 - Shall not pay any other claim which has been or will be made under the Policy
 - May at **our** option declare the Policy void
 - Shall be entitled to recover from **you** the amount of any claim already paid under the Policy
 - Shall not make any return of premium
 - May inform the police of the circumstances.

Section 11 General

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of **your** Policy. If **you** do not comply with them, **we** may at **our** option cancel the Policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

- **You** are free to choose the law applicable to this Policy. **Your** Policy will be governed by the law of England and Wales unless **you** and **we** have agreed otherwise.
- **We** reserve the right to withdraw, cancel or vary the cover provided and/or to alter the rates of premium charged. **We** will give at least 90 days written notice to **you** (or 60 days if **we** offer **you** an alternative insurance scheme) for any changes in relation to increases in premiums, reductions in what **you** are covered for under **your** Policy or any change which negatively impacts **you**. Notice will be served at **your** last known address. For all other changes, **we** will provide 30 days written notice to **you**. **Our** cancellation will not affect **our** liability for events before cancellation, which may give rise to a claim.
- **We** reserve the right to cancel this Policy immediately in the event of non-payment of the premium or default by **you**. No refund will be made to **you** of any premium paid. **We** may also cancel this Policy by giving 30 days notice to **you** at **your** last known address. No refund of premium will be made.
- **You** may cancel this Policy at any time by giving not less than 30 days notice. Please write to **us** at Post Office[®] Credit Cards, PO Box 52746, London EC4P 4WP. If **you** cancel this Policy within 30 days of the **starting date** or receipt of the Policy documents if these are received after the starting date, providing that there has been no claim or incident likely to give rise to a claim **we** will refund **your** premium. If a claim has been submitted or there has been any incident likely to give rise to a claim during the current period of insurance no premium refund will be given. If **you** cancel this Policy after the first 30 days of receiving **your** Policy documents no refund of premium will be made.

Monthly premiums continue to be payable during the period for which a claim is made.

HOW WE SETTLE CLAIMS

- Only one monthly benefit may be claimed under this Policy at any one time. Whilst any **monthly payment** is being made for **disability, unemployment or hospitalisation** no further **monthly payment** shall be made for **unemployment, disability or hospitalisation**.
- Any benefit due under this Policy will be paid to **Bank of Ireland UK** for the purpose of crediting **your** Post Office[®] credit card account on **your** behalf.
- In the event of an insurance claim, any information which **you** provide to **us** may be put onto a Register of Claims through which insurers share such information to prevent fraudulent claims. A list of participants and the name and address of the operator are available from **us**.

Section 12 Caring for our customers

If **you** have cause for complaint, it is important **you** know **we** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens **we** want to hear about it so **we** can try and put things right.

WHO TO CONTACT

The most important factors in getting **your** complaint dealt with as quickly and efficiently as possible are:

- To be sure **you** are talking to the right person; and
- That **you** are giving them the right information.

When **you** contact **us**:

- Please give us **your** name and contact number
- Please quote **your** account number and/or claim number and the type of Policy **you** hold
- Please explain clearly and concisely the reason for **your** complaint

So **we** begin by establishing **your** first point of contact.

STEP ONE – INITIATING YOUR COMPLAINT

Does **your** complaint relate to:

- a) the sale of **your** Policy
- b) a claim on **your** Policy

If a) **you** need to contact Customer Care Team, Post Office Money® Credit Cards, PO Box 3191, Bristol, BS1 9HY. Telephone: **0345 607 6500**.

If b) **you** need to contact Post Office Claims, at Niche Claims, PO Box 1392, Preston, PR2 0XE. Telephone: **0344 412 4068**.

In either case, if **you** wish to provide written details, the following checklist has been prepared for **you** to use when drafting **your** letter.

- Head **your** letter 'COMPLAINT'
- Give **your** full name, post code and contact telephone number(s)
- Quote the type of Policy and **your** account and/ or claim number
- Advise the name of **your** insurance agent/firm (if applicable)
- Explain clearly and concisely the reason(s) for **your** complaint

The letter should be sent to the person dealing with **your** complaint along with any other material required.

STEP TWO

If **we** have given **you our** final response and **you** are still dissatisfied **you** may refer **your** case to the Financial Ombudsman Service (FOS).

The FOS is an independent body that arbitrates on complaints about general insurance products. It will only consider complaints after **we** have provided **you** with written confirmation that **our** internal complaints procedure has been exhausted.

The Ombudsman can be contacted at:
The Financial Ombudsman Service,
Exchange Tower,
Harbour Exchange Square,
London E14 9SR

Telephone from a landline: 0800 023 4567.

Telephone from a mobile: 0300 123 9123

Referral to the FOS will not affect **your** right to take legal action against **us**.

OUR PROMISE TO YOU

- Acknowledge written complaints promptly
- Investigate quickly and thoroughly
- Keep **you** informed of progress
- Do everything possible to resolve **your** complaint
- Learn from **our** mistakes
- Use information from complaints to continue to improve **our** service

To help **us** improve **our** service, **we** may record or monitor telephone calls.

Section 13 – General Information

Financial Services Compensation Scheme (FSCS)

Great Lakes Insurance SE is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if they cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk.

You may also contact the FSCS on their Freephone number: 0800 678 1100 or 020 7741 4100 or **you** can write to: Financial Services Compensation Scheme, P O Box 300, Mitcheldean, GL17 1DY.

Data Protection Act – Information Uses

For the purposes of the Data Protection Act 1998, the Data Controller(s) in relation to any personal data **you** supply means UK General Limited.

UK General Insurance Ltd Privacy Notice

We are UK General insurance Ltd. Referred to as “**we/us/our**” in this notice. **Our** data controller registration number issued by the Information Commissioner’s Officer is **Z7739575**.

This privacy notice is relevant to anyone who uses **our** services, including policyholders, prospective policyholders, and any other individuals insured under a policy. We refer to these individuals as “**you/your**” in this notice.

We are dedicated to being transparent about what **we** do with the information that **we** collect about **you**. **We** process **your** personal data in accordance with the relevant data protection legislation.

Why do we process your data?

The provision of **your** personal data is necessary for **us** to administer **your** insurance policy and meet **our** contractual requirements under the policy. **You** do not have to provide **us** with **your** personal data, but **we** may not be able to proceed appropriately or handle any claims if **you** decide not to do so.

What information do we collect about you?

Where **you** have purchased an insurance policy through one of **our** agents, **you** will be aware of the information that **you** gave to them when taking out the insurance. The agent will pass **your** information to us so that **we** can administer **your** insurance policy.

For specific types of insurance policies, for example when offering **you** a travel insurance policy, **we** may process some special categories of **your** personal data, such as information about **your** health. **We** collect this data as **we** are required to use this information as part of **your** insurance quotation or insurance policy with **us**. **We** may also process the data where it is necessary for a legal obligation, or as part of the establishment or defence of a legal claim. **We** also process special categories of **your** personal data as it is in the substantial public interest and it is necessary: i) for administering **your** insurance policy; or ii) to prevent and detect an unlawful act (e.g. fraud).

UK General’s full privacy notice

This notice explains the most important aspects of how **we** use **your** data. **You** can get more information about this by viewing **our** full privacy notice online at <http://ukgeneral.com/privacy-notice> or request a copy by emailing **us** at dataprotection@ukgeneral.co.uk. Alternatively **you** can write to

us at: Data Protection, UK General Insurance Ltd, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, LS10 1RJ.

Great Lakes Insurance SE Information Notice

Personal data provided in connection with this Policy will be used and processed in line with the Information Notice. A copy of this is available at <https://www.munichre.com/en/service/privacy-statement/index.html>.

Insurance Administration

Your information may be used for the purposes of insurance administration by the Data Controller(s), our associated companies and agents. It may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing **our** compliance with any regulatory rules/codes. **Your** information may also be used for research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, **we** will ensure that anyone to whom **we** pass **your** information agrees to treat **your** information with the same level of protection as if **we** were dealing with it. **We** have the right to deal with third parties on **your** behalf. If the use of **your** data is to be changed **we** will contact **you** in writing.

If **you** give **us** information about another person, in doing so **you** confirm that they have given **you** permission to provide it to **us** and for **us** to be able to process their personal data (including any sensitive data) and also that **you** have told them who **we** are and what **we** will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, **you** have the right to access and if necessary rectify information held about **you**. To do this please contact Post Office Claims on **0344 412 4068** or write to Post Office Claims, at Niche Claims, PO Box 1392, Preston, PR2 0XE.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, **we** may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this insurance, **you** signify **your** consent to such information being processed by **us** or **our** agents.

Fraud Prevention and Detection

You must not act in a fraudulent way. If **you** or anyone acting for **you**:

- fails to reveal or hides a fact likely to influence whether **we** accept **your** proposal, **your** renewal, or any adjustment to **your** Policy;
- fails to reveal or hides a fact likely to influence the cover **we** provide;
- makes a statement to **us** or anyone acting on **our** behalf, knowing the statement to be false;
- sends **us** or anyone acting on **our** behalf a document, knowing the document to be forged or false;
- makes a claim under the Policy, knowing the claim to be false or fraudulent in any way; or
- makes a claim for any loss or damage **you** caused deliberately or with **your** knowledge.

If **your** claim is in any way dishonest or exaggerated, **we** will not pay any benefit under this Policy or return any premium to **you** and **we** may cancel **your** Policy immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **you** and inform the appropriate authorities.

Telephone calls

To help improve the service, telephone calls may be monitored or recorded.

In respect of insurance mediation services Post Office Limited is an appointed representative of Bank of Ireland (UK) plc which is authorised and regulated by the Financial Services Authority.

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The head and registered offices are:
UK General Insurance Limited, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, LS10 1RJ. Registered in England and Wales. Company Number 04506493.
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